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PTO/SB/01 (12-97)

Approved for use through 8/30/00. GMB 0851-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	24301.11
First Named Inventor	Michael Fonseca
COMPLETE IF KNOWN	
Application Number	10 / 054,672
Filing Date	Jan. 22, 2002
Group Art Unit	3737
Examiner Name	To be assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

IMPLANTABLE WIRELESS SENSOR

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY)

01/22/2002

as United States Application Number or PCT International

Application Number

10/054,672

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 118(a)-(d) or 385(b) of any foreign application(s) for patent or inventor's certificate, or 385(e) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

3



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PTO/SB/01 (12-87)

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which become available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number → Place Customer Number Bar Code Label here
OR
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Michael I. Wolfson	24,750	Mark Montague	36,612
William H. Dippert	26,723		
R. Lewis Gable	22,479		

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: Customer Number OR Correspondence address below

Name	William H. Dippert				
Address	Cowan, Liebowitz & Latman, P.C.				
Address	1133 Avenue of the Americas				
City	New York	State	NY	ZIP	10036-6799
Country	USA	Telephone	(212) 790-9200	Fax	(212) 575-0671

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

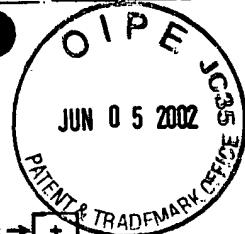
Name of Sole or First Inventor: A petition has been filed for this unsigned inventor

Given Name (first and middle if any) Family Name or Surname

Michael FONSECA

Inventor's Signature	<i>Michael FONSECA</i>					Date	4/30/02
Residence: City	Atlanta	State	GA	Country	USA	Citizenship	US
Post Office Address	2605 Paces Ridge, Apt. E						
Post Office Address							
City	Atlanta	State	GA	ZIP	30339	Country	USA

Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



PTO/SB/02A (3-87)

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 2**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Mark		ALLEN					
Inventor's Signature	<i>Mark Allen</i>						Date
Residence: City	Atlanta	State	GA	Country	USA	Citizenship	US
Post Office Address	425 Spalding Drive						
Post Office Address							
City	Atlanta	State	GA	ZIP	30328	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
David		STERN					
Inventor's Signature	<i>David</i>						Date
Residence: City	Grayson	State	GA	Country	USA	Citizenship	US
Post Office Address	1420 Natchez Way						
Post Office Address							
City	Grayson	State	GA	ZIP	30017	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Jason		WHITE					
Inventor's Signature	<i>Jason White</i>						Date
Residence: City	Atlanta	State	GA	Country	USA	Citizenship	US
Post Office Address	2613 Paces Ridge, Apt. I						
Post Office Address							
City	Atlanta	State	GA	ZIP	30339	Country	US

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JUN 05 2002

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PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION****ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Jason		KROH					
Inventor's Signature					Date	4/30/02	
Residence: City	Villa Rica	State	GA	Country	USA	Citizenship	US
Mailing Address 3395 Laurel Springs Cove							
Mailing Address							
City	Villa Rica	State	GA	ZIP	30180	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature					Date		
Residence: City		State		Country	Citizenship		
Mailing Address							
Mailing Address							
City		State		ZIP	Country		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature					Date		
Residence: City		State		Country	Citizenship		
Mailing Address							
Mailing Address							
City		State		ZIP	Country		

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